

Arizona State Personnel System
END OF SPECIAL ASSIGNMENT FROM HIGHER GRADE
CONDITIONAL PAY SUPPLEMENT DISCONTINUED

Date

Name
Address
City, State, Zip Code

EIN: (EIN)

Dear Mr./Ms. (Last Name):

This is to inform you that your special assignment will be ending effective (date). Beginning effective (date), you will resume your regular job duties as a/an (title), (grade) in the (Division/Section/Unit).

Because the special assignment was to a higher grade than your regular assignment, you were receiving a conditional pay supplement in the amount of \$ (amount of conditional pay supplement). In accordance with State Personnel Rule R2-5A-403(C), and Statewide Policy ASPS/HRD-PA3.05, Special Assignment, the conditional pay supplement will be discontinued at the conclusion of this special assignment.

Thank you for performing this special assignment. Your dedication to the agency is appreciated.

Sincerely,

(Name of Appointing Authority)
(Title of Appointing Authority)

c: Employee's Personnel File
Employee's Supervisor
Special Assignment Supervisor
Agency Payroll Unit